# SCHEDULE A  (FEC Form 3X)
# ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:    PAGE  21  OF   69
(check only one)

[X] 11a    [ ] 11b    [ ] 11c    [ ] 12
[ ] 13     [ ] 14     [ ] 15     [ ] 16    [ ] 17

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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**A.** Full Name (Last, First, Middle Initial)

Mr. Walter C. May

Mailing Address  2009 Royal Club Court

| City | State | Zip Code |
|------|-------|----------|
| Arlington | TX | 76017-4434 |

FEC ID number of contributing
federal political committee.      C

Name of Employer

New York Life Insurance Company

Occupation

Agent

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 31 / 2012

**Transaction ID : PR18626436**

Amount of Each Receipt this Period

250.00

P/R Deduction ($250.00 Monthly)

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**B.** Full Name (Last, First, Middle Initial)

Mr. Kevin R. Johnson

Mailing Address  100 Street of Dreams

| City | State | Zip Code |
|------|-------|----------|
| Village Loch Loyd | MO | 64012-4179 |

FEC ID number of contributing
federal political committee.      C

Name of Employer
New York Life Insurance Company

Occupation

Agent

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 31 / 2012

**Transaction ID : PR18856436**

Amount of Each Receipt this Period

250.00

P/R Deduction ($250.00 Monthly)

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**C.** Full Name (Last, First, Middle Initial)

Mr. Rakesh R. Bansal

Mailing Address  1 Horseshoe Court

| City | State | Zip Code |
|------|-------|----------|
| Monroe | NJ | 08831-2368 |

FEC ID number of contributing
federal political committee.      C

Name of Employer

New York Life Insurance Company

Occupation

Agent

Receipt For:
[ ] Primary   [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 31 / 2012

**Transaction ID : PR1896436**

Amount of Each Receipt this Period

250.00

P/R Deduction ($250.00 Monthly)

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SUBTOTAL of Receipts This Page (optional)............................................. ▶      750.00

TOTAL This Period (last page this line number only)............................................. ▶